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PECOPO							Application or Docket Number 10721681		Filing Date: 11/25/2003			To be Mailed		
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
FOR			NUMBER FILED		NUMBER EXT	RA	Ī	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		ĺ	N/A			N/A			
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		ĺ	N/A			N/A			
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A			
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		Į	X \$25 =		OR	X \$50 =			
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		ı	X \$100 =			X \$200 :	=		
□AP	PLICATION SIZE CFR 1.16(s))	FEE	If the specification and drawings excer 100 sheets of paper, the application is fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) an 37 CFR 1.16(s).			ize) on								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							ı	+ \$180	0		+\$360	0		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTA	L		
APPLICATION AS AMENDED – PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY						
		(Column 1				1 3)	300/		LENIHY C		SIV	SMALL ENTITY		
AMENDMENT A	10/03/06	REMAININ AFTER AMENDME	iG	NUMBER PREVIOUS PAID FO	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 12	Minus	·· 50	= 0			X \$25 =		OR	X \$50=			
	Independent (37 CFR 1.16(h))	• 1	Minus	** 4	·· 4 = 0			X \$100 =	0	OR	X \$200	=		
	Application Size Fee (37 CFR 1.16(s))													
/	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						ı			OR				
TOTAL TOTAL ADD'L OR ADD'L FEE FEE														
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	iG	HIGHES NUMBER PREVIOUS PAID FO	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE ((\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	*	Minus	**	=	\Box	I	X \$25 =		OR	X \$50 =	=		
	Independent (37 CFR 1.16(h))	•	Minus	**	=			X \$100 =		OR	X \$200	=		
	Application Size Fee (37 CFR 1.16(s))					\Box								
/	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR				
CALCULATE								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														

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